Published in the Ramona Sentinel on June 4, 2009

Since becoming a member of Congress, I have met with many of my constituents who have expressed concerns over the crisis facing our healthcare system. From parents who are having difficulty paying for hemophilia drugs to treat their children to business owners who cannot afford the costs of providing healthcare coverage to their employees, it is clear that Congress must act to resolve these problems.

One of the biggest threats to the long-term health and performance of our nation's economy are rising entitlement costs, particularly the costs associated with healthcare. Medicare and Medicaid already consume 4.6% of Gross Domestic Product (GDP), and shifting demographics, ignited by today's economic downturn and the impending retirement of baby boomers, are increasing reliance on these programs and compounding existing budget challenges.

On average, healthcare costs have grown nearly 10% each year, a rate that exceeds the annual growth of our economy. Figures released by the Congressional Budget Office (CBO), the non-partisan, actuarial arm of the U.S. Congress, suggest that these costs will continue to rise exponentially. Without action, CBO predicts that healthcare costs will consume almost 49% of GDP by 2082.

In the meantime, healthcare costs are expected to increase well beyond recent levels as new technologies and treatments become available. While millions of Americans would benefit from these advancements, this cost growth will put quality healthcare further out of reach for those Americans who need it most.

Curtailing spending is a big step toward repairing America's healthcare system, but it does not address how we arrived at this point in the first place. Comprehensively reforming healthcare will require a balanced approach that limits costs, encourages medical and technological innovation, and promotes patient control and choice.

Along with these basic principles, it is also important that we focus less on treatment-based solutions and more on effective prevention, wellness and disease management programs. These programs would eliminate the primary "cost driver" in the current healthcare system and, in the process, help families make smart and informed decisions that lead to healthier lifestyles.

There must also be access to affordable coverage for individuals with pre-existing conditions. Anyone with a life threatening illness or debilitative disease should never be denied access to the basic care they need.

Healthcare reform built on these principles would go a long way toward improving the availability and quality of care for American families. On several of these points, Republicans and Democrats, including the President, all agree.

Despite areas of agreement, I am concerned about reports that Democrats are committed to a government "option" or, in other words, **a government-controlled healthcare plan**, primarily because it
would erase the PATIENT-DOCTOR relationship
. This would put government bureaucrats squarely in charge of making healthcare decisions that are best left to patients and doctors.

A government option might also deny treatments that are needed on a selective basis-an unfortunate consequence of government-controlled healthcare in countries such as Canada and Great Britain.

Whether through this approach or regulatory framework that achieves the same result, we must avoid creating an environment where innovative healthcare solutions are discouraged and flexible coverage is non-existent. Certainly, we can reform healthcare without raising taxes, rationing care or implementing a government option.

Overhauling our nation's healthcare system will present significant challenges, but our shared goals for reform should not be clouded by more government control. Centering this effort on patients and the quality of care will go a long way toward reducing costs, improving access to coverage and rebuilding our economy.

Rep. Duncan D. Hunter represents the 52nd Congressional District, which includes Ramona and central and eastern San Diego County.